



## ACH Authorization Form

This Form **MUST** be accompanied by a scanned copy of a voided check or bank direct deposit form

Chapter Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Banking Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account type (check one):

Checking   
Money Market

Routing No. (9 digits): \_\_\_\_\_

Account No.: \_\_\_\_\_

Please submit this form to ASDA's Dropbox at: <https://www.dropbox.com/request/1DCqgSI AVR4HTi1tn7f>

Authorized Signature Required:

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date